



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Great Explorations Children's Museum

2. **Senate Sponsor:** Jeff Brandes

3. **Date of Submission:** 01/02/2018

4. **Project/Program Description:**

Capital expansion project for Great Explorations Children's Museum.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of State

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	500,000	500,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	66,000	7.3%
Other	334,000	37.1%
TOTAL	400,000	44.4 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 900,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18
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	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		400,000	400,000

10. Is future-year funding likely to be requested?

No

11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?

The goal of the request is to expand the current space in order to provide more educational programming to the community and visiting tourists.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?

The activities that will be provided once the expansion project is complete include STEM educational programming, classroom instruction, and hands on learning.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Expansion of current space	500,000
TOTAL		500,000

d. What are the direct services to be provided to citizens by the appropriations project?

The direct service that will be provided in the mezzanine that will be constructed will be hands on educational STEM instruction and learning.

e. Who is the target population served by this project? How many individuals are expected to be served?

The target population to be served by this project are children 0-10 and their families.

f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

The outcome of this project will be a larger meeting room allowing the camps, afterschool programs, and room rentals to double.

g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

Funds will only be disbursed as deliverables are met

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

The City of St Petersburg owns the facility

13. Requestor Contact Information:

- a. **Name:** Angeline Howell
- b. **Organization:** Great Explorations Children's Museum
- c. **Email:** ahowell@greatex.org
- d. **Phone Number:** (727)821-8992

14. Recipient Contact Information:

- a. **Organization:** Great Explorations Children's Museum
- b. **County:** Pinellas
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)



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- Local Entity
- University or College
- Other (Please specify)

d. Contact Name: Angeline Howell

e. E-mail Address: ahowell@greatex.org

f. Phone Number: (727)821-8992

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: Alan Suskey

b. Firm: Suskey Consulting LLC

c. Email: as@suskeyconsulting.com

d. Phone Number: (850)510-8314